

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/521374

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2				1		
3						
4				1		
5						
6				1		
7			1			
8				1		
9						
10				1		
11						
12				1		
13						
14				1		
15						
16			1			
17				1		
18						
19				1		
20						
21				1		
22						
23				1		
24						
25			1			
26				1		
27						
28				1		
29						
30				1		
31						
32				1		
33						
34				1		
35						
36				1		
37						
38				1		
39						
40			X			
41						
42						
43				1		
44						
45				1		
46						
47				1		
48						
49				1		
50						
TOTAL IND.		↓	4	↓		↓
TOTAL DEP.	←		40	←		←
TOTAL CLAIMS			44			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.	←		←		←	
TOTAL CLAIMS						